

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 567 176

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19	1					
20						
21						
22	1					
23						
24						
25						
26	1					
27						
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29						
30						
31						
32	1					
33						
34						
35						
36						
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46						
47						
48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						